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THE MEDICAL JOURNAL OF AUSTRALIA

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The Journal of the Australian Branches of the British Medical Association.

VOL. I.—3RD YEAR—NO. 19. SYDNEY: SATURDAY, MAY 6, 1916. PRICE 6D.

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Carbohydrates ...	4.5	6.2	10.20	10.86	2.2
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(a) The strength usually given to a young infant.

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THE MEDICAL JOURNAL OF AUSTRALIA.

VOL. I.—3RD YEAR. SYDNEY: MAY 6, 1916. No. 19.

REPORT ON THE ENTERICA CASES AT THE FIRST AUSTRALIAN GENERAL HOSPITAL AT HELIOPOLIS.

By **Walter Summons, M.D., D.P.H.,**
Lieutenant-Colonel, A.A.M.C.; Melbourne.

Patients suffering from long-continued fevers were being met with in the medical wards from August, 1915, onwards. The agglutination blood tests did not give a positive "Widal" to the typical bacillus, and yet the clinical picture was similar to that of an infection with this organism. Arrangements were then made with the laboratory of the Institute of Hygiene, Cairo, for the examination of the blood of these febrile cases. The staff of the laboratory had recently been augmented by the attaching of Captain Hutchens and Lieutenant Myat, two English bacteriologists. For the reporting of cases of infectious disease, the term *enterica* was coined by General Babtie, this term including the fevers: typhoid, paratyphoid A and paratyphoid B. All our cases were Australians, and one can assume that all had been inoculated twice with antityphoid vaccine within the twelve months prior to infection, and also that the patients had not been inoculated with paratyphoid vaccine.

For the blood tests, five cubic centimetres of blood were withdrawn into a syringe from a vein at the bend of the elbow as soon as the clinical picture was one of suspected enteric. The blood culture was only of value in the first ten days of illness, except in occasional cases in which the organisms persisted; in these cases the symptoms were severe. The results of the blood examinations, all performed at the Central Laboratory, are:—

Blood Cultures.—Total performed, 178.

B. paratyphosus A	35
B. paratyphosus B	12
B. typhosus	3
Total	50

Negative results were obtained in 128.

Agglutination Tests.—Total performed, 225.

With *B. paratyphosus A*, positive in 77.
With *B. paratyphosus B*, positive in 18.
With *B. paratyphosus A* and *B*, positive in 2.
With *B. typhosus*, strongly positive in 28.
With *B. typhosus*, weakly positive in 37.
Negative results were obtained in 63.

Not a few returns came back thus: Weakly positive with typhosus and positive with paratyphosus A or B. These are counted as paratyphoid A or B respectively. In view of the rarity of typhoid bacilli in the blood cultures, it is evident that the agglutination test of bacillus typhosus is not an index of actual infection with this bacillus. The value of the agglutination test in previously inoculated patients is open to discussion. Nevertheless, in this epidemic, it seems a fair inference to assume that a positive paratyphosus A or B is diagnostic of disease. After a universal prior inoculation, it will have to be regarded that the only proof of an *enterica* infection is the finding of the actual organism in the blood or in the excreta.

As the hospital served the double purpose of being the hospital for the troops training in Egypt, as well as receiving patients from the Mediterranean Force at Gallipoli, the further analysis of the positive results was made:—

	M.E.F.	Garrison.	Total.
Blood Cultures—			
B. paratyphosus A	27	8	35
B. paratyphosus B	2	10	12
B. typhosus	—	3	3
Agglutination Test—			
With *B. paratyphosus A*	51	26	77
With *B. paratyphosus B*	5	13	18

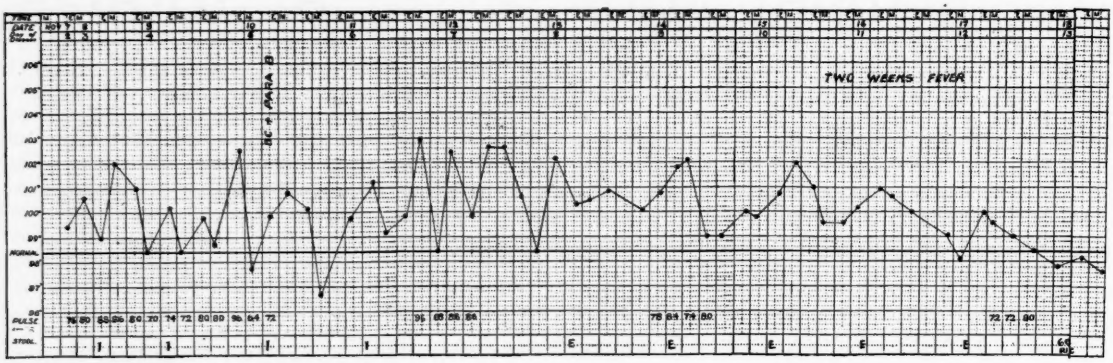
Paratyphoid A and paratyphoid B seem to be clinically identical. From observations of a single epidemic, it has not been possible to differentiate the various infections, except by means of the laboratory tests.

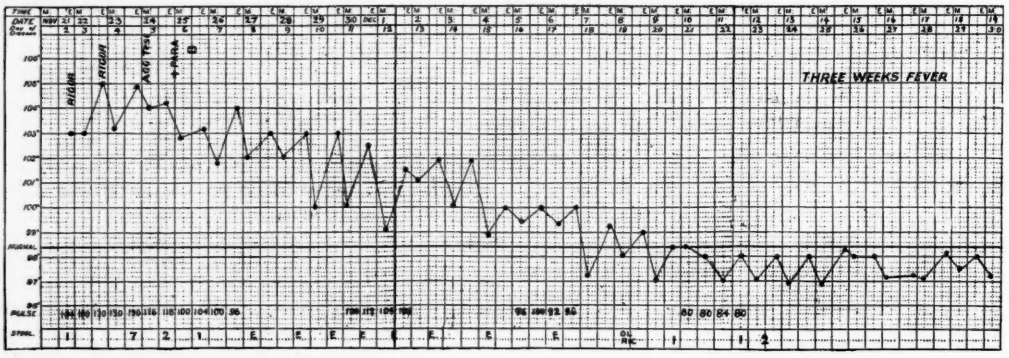
The clinical aspect of the paratyphoid patient is different from that of the well-known typhoid picture. The patient does not look so ill, in spite of the temperature running on for weeks between 103° and 104°. The rash is decidedly more marked, and may be so distributed that it has some resemblance to that of measles; the spots, however, are situated only on the trunk and limbs, as far as the elbows and knees. They are pinkish, are not confluent, and vary in size, but usually are larger than those seen in typhoid fever. Again, the spots often appear late in the disease, during the third week, and when the fever is on the wane.

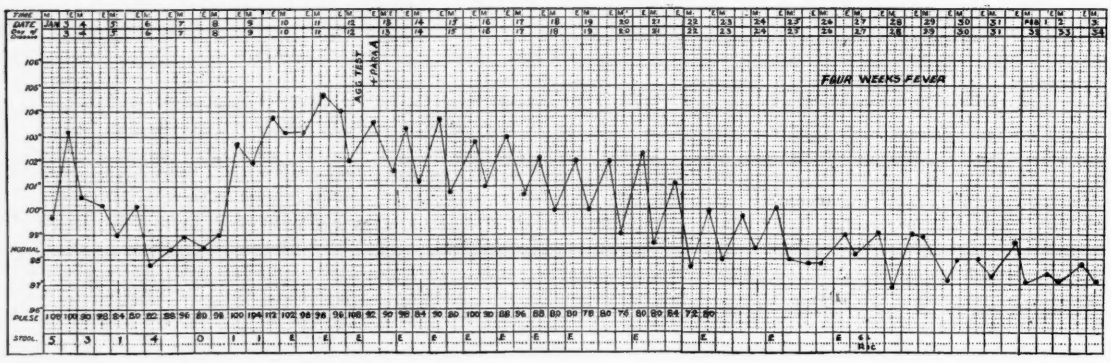
Many of the cases developed while the patients were in hospital for surgical ailments, and thus the first signs could be observed. The mode of onset, in order of prevalence, may be:—

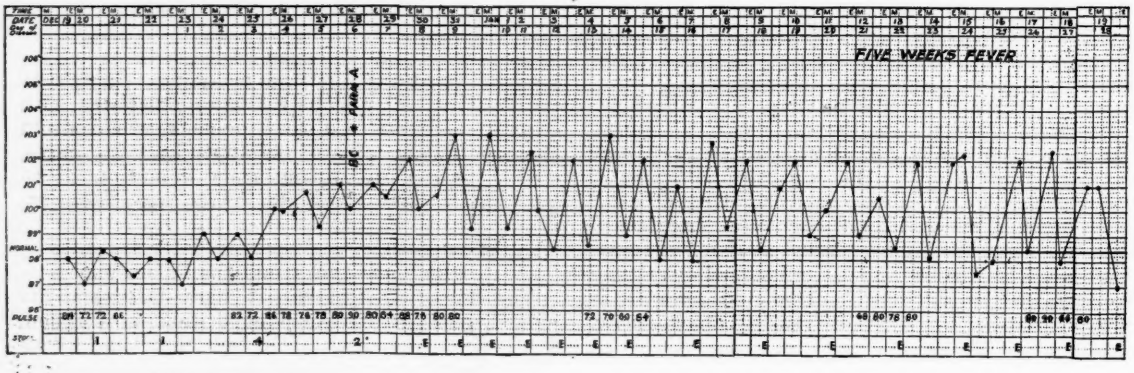
(*a*) Gradual, with severe headache, that persists for a week, and an increasing daily rise of temperature;
(*b*) with rigors and high temperature from the start, with little remission;
(*c*) with a prodromal rise of temperature for three to five days, a period of normal temperature, lasting for one to four days, and, finally, a prolonged period of fever;
(*d*) simulating acute appendicitis, with vomiting. Some ten or a dozen cases were operated on, and the appendix removed, the inflammation of the appendix being part of a general inflammatory condition of the intestines;
(*e*) with symptoms of acute gastro-enteritis; and
(*f*) with signs and symptoms of pneumonia.

The course of the fever, in many cases, was prolonged, and though the patient progressed favour-


TWO WEEKS FEVER
WIDAL + PARA B


THREE WEEKS FEVER
RIGHT
RIGHT
AGG TEST
+ PARA B


FOUR WEEKS FEVER
AGG TEST
+ PARA A


FIVE WEEKS FEVER
WIDAL + PARA A

ably, the fever continued into the sixth week. The type of fever was an irregularly intermittent one. Relapses were not uncommon, but when they did occur, were manifested by a repetition of the signs and symptoms of a milder degree.

Headache at the onset was a distressing symptom, but this passed off in the first week, and, after passing through a lethargic stage of varying duration, the patient became bright, and had few troublesome symptoms. As a rule, the patients lost weight, but not to the same extent as in true enteric fever. The rarity of serious complications, and the low mortality figures induced us to allow more food. Distension of the bowels and undigested food in the stools readily yielded to treatment. The bowels, apart from the occasional initial diarrhœa, were constipated, and relieved by enemata. One of the early patients died of hæmorrhage, but this was before the nature of the fever had been recognized. Less than one per cent. of the cases had malæna. The enlargement of the spleen was an almost constant sign.

Of the sequelæ, the cardiac affections took a prominent place. The myocardial weakness so common amongst the convalescent patients demanded a prolonged convalescence. The pulse not infrequently did not become rapid till the patient had been allowed up. Less frequently a gross arythmia was found, and these cases did not improve till after a prolonged rest in bed. A few cases of polyneuritis were seen, but a larger number of limited neuritis came to us amongst the convalescent patients transferred from other hospitals. Phlebitis, cholecystitis and nephritis were less common complications.

Few soldiers will have permanent damage as the direct result of the infection, and out of the 800 cases passed through this hospital there have been only five deaths. This does not give a true idea of the mortality rate. Half of our patients had reached the convalescent stage, and not a few were in bed for other reasons when the bowel infection developed. Some other cause for invaliding had occurred during the inoculation stage. Moreover, the most severe cases were not sent to Cairo from Anzac. On the other hand, there was no greater fatality rate amongst the cases that came from the garrison forces.

Though the paratyphoid infection has not been a serious one to the individual, it has been a burden to the Army and to the medical units. The general order was given that all cases of *enterica* were to be returned to Australia. This served two good purposes; firstly, it relieved the strain on the convalescent depôts and camps, and, secondly, carriers will thereby be eliminated from the field forces. Many of the men should be well on their arrival in Australia, and, when proved to be non-carriers will be fit for duty.

It is only possible to offer an opinion, and not speak with authority, on the two interesting problems, the source of infection and the value of prophylaxis. The European and Egyptian predominating organism is *bacillus paratyphosus B*, while in the Gallipoli infection *bacillus paratyphosus A* has predominated largely. Paratyphoid A is common in India, and it may be that the Indian troops brought this organism. It remains to be seen which bacillus is prevalent amongst the Turks. The value of prophylactic injections with antityphoid vaccine is upheld. A number of typhoid cases have occurred, and, doubtless, from the nature of the position at Anzac, the percentage would have been much greater had not some opposing influence been present. The troops have now, to a large extent, been inoculated against paratyphoid A and B infections, and this, combined with the removal of carriers, should lessen the number of cases next season.

SOME NOTES ON DENGUE.

By **J. Albert Goldsmid, M.B. (Syd.),**
and
Walter Crosse, L.R.C.P., L.R.C.S. (Edin.),
Murwillumbah, New South Wales.

The object of the publication of these notes is not to give a description of dengue, for that has been done admirably in half a dozen different text-books on medicine, but rather to call attention to a few points in connexion with a recent outbreak of the disease which occurred in Murwillumbah.

A small and comparatively unimportant epidemic of dengue occurred here five years ago. This outbreak was coincident with the appearance of a day-biting mosquito, which Dr. J. Burton Cleland, Principal Microbiologist of the New South Wales Bureau of Microbiology, has identified as the *Stegomyia fasciata*. One fact that stands out prominently in the present outbreak is the pandemic nature of the disease. It seems to attack everybody. For example, one individual suffering from it was staying at a boarding-house, where there were 17 other people. Every one of these 17 people contracted the disease. Again, all the patients, nurses and domestic staff in the Tweed District Hospital, with one doubtful exception, were attacked.

We cannot determine the exact date of the onset of the first cases. Returned soldiers and recruits were coming from and going to the Military Camp in Brisbane. These soldiers had introduced measles among the civil population. We feel convinced that the earliest cases were mistaken for aberrant types of measles. Dengue was first definitely diagnosed about the 10th of February. From that date up to the present time (April 10, 1916), the disease has been very prevalent, and it is scarcely an exaggeration to say that practically every house in the town has been visited; the disease is spreading to outlying parts.

The onset of the affection has proved to be fulminant. The patient would be quite well, say at 9 o'clock; at half past he would be prostrated with headache and severe pains in the back, which would make bed an immediate necessity. In a few cases, however, some preliminary malaise and sleeplessness lasting for about 48 hours has been experienced.

The pains associated with the onset varied considerably. In many cases only headache was complained of. In others, the pain was situated in the sacral region, and was similar to that of lumbago. Joint pains were absent. On the other hand, pains

in the back of the neck and in the limbs, soreness in the eyeballs on movement and occasionally vomiting were associated with the headache.

The temperature rose sharply and reached from 101° to 103° F. During the course of the illness it remained high, and did not undergo marked fluctuations. Not infrequently, however, it reached 105°, just before the termination of the fever. The fall was as rapid as the rise.

The disease lasted from four to seven days. The classical preliminary and terminal rashes were well marked. The former could easily be overlooked, unless a special search was made for it. It was a fine, punctiform rash, and usually occurred over the points of friction, *e.g.*, at the back of the elbows and at the front of the knees. It appeared and disappeared very suddenly. A fine stippling of the soft palate was often the only rash present when the patients were first seen. We regarded this stippling and a dusky redness of the fauces and palate, which at times replaced it, as aids to diagnosis.

The pulse-rate did not correspond to that of the classical descriptions. It was almost invariably slow in proportion to the temperature. A pulse-rate of 75 to 90 was frequently associated with a temperature of 102° or 103°. A more rapid pulse than 90 was rarely noted, save just before the final fall of temperature. The fall in temperature was accompanied by profuse sweating, and was sudden enough to deserve the term "crisis."

The face was usually puffy. This, however, was less marked than in measles. The eyes were often injected, but more often merely suffused. The facial expression denoted considerable suffering.

Some of the patients complained of sore throat; others did not volunteer any information until questioned, and then admitted that there had been a slight soreness of the throat at first, but that this had passed off. Pain in the epigastric region, with vomiting, was present in several cases. In these cases a draught of water caused the patient pain and retching. In a few instances it was sufficiently severe to cause considerable anxiety. In many of these cases we suspected a hysterical element.

Psychical disturbance was marked. Sleeplessness was almost invariable, and mild delirium was frequently observed. When the patient was spoken to, the delirium would pass off, but would return when he was left alone. Some of the patients said that the delirium was associated with visions of unclean, obscene things, which they did not seem able or willing to describe. Great mental depression was present in nearly all the patients. Many of them confessed to an inclination to unprovoked anger and to a desire to "smash things."

The terminal rash was polymorphous, and was present in nearly every case. It lasted for from two to three days. It was either a papular or a dark-red, blotchy rash or an urticaria.

An exceedingly tiresome symptom was itching, which followed the fall of temperature. It usually was confined to the soles and palms, but at times extended over the whole surface of the body. It lasted for about 36 hours, and caused much distress to the patients, disturbing sleep and preventing rest. The soles of the feet and the palms of the hands appeared red and swollen, and white spots were seen in the situations where the itching was complained of.

The only serious symptom noted in any of our patients was a liability to fainting in some elderly women. In some cases the patients actually fainted on attempting to leave thier beds. It may be mentioned that in the outbreak of 1911, a man aged 60 died when attempting to leave his room.

In regard to treatment, we came to the conclusion that a preliminary dose of phenacetine or antipyrine in alcohol and full doses of salicylate of soda given every three hours was advisable. As far as we could judge, the salicylate of soda shortened the attack. The attack was longer and more severe in those who did not take it. It relieved the pains promptly, but we had to resort to morphine in a few instances.

It is worthy of note that despite the extent of the affection and the suffering it caused, no severe complications or sequelæ occurred, and, up to the present, there have been no fatal cases.

Jaundice was seen in a few cases; it was mild and of short duration. No pulmonary complications were met with. After recovery a peculiar "light-headedness," evidenced by a tendency to "pitch forwards" was seen frequently. Loss of weight was considerable; this was probably due to the anorexia and profuse sweating. During a week's illness, the patients often lost from 7 to 14 lbs.

THE HEALTH OF AUCKLAND.

The following notifications have been received by the Department of Public Health, Hospitals and Charitable Aid, Auckland, New Zealand, during the month of March, 1916:—

	City. Cases.	Suburbs. Cases.	Country Districts. Cases.	Total Cases.
Scarlatina	31	35	42	108
Diphtheria	2	8	14	24
Enteric Fever	4	1	21	26
Tuberculosis	8	7	19	34
Septicæmia	1	1	1	3
Anterior Poliomyelitis	9	10	130	149
Cerebro-Spinal Meningitis	0	0	2	2

INFECTIVE DISEASE IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ending April 22, 1916:—

Disease.	No. of Cases.
Diphtheria	30
Enteric Fever	33
Scarlatina	5
Cerebro-Spinal Meningitis	1
Puerperal Fever	1
Pulmonary Tuberculosis	2
Malaria	1

INFECTIVE DISEASES IN WESTERN AUSTRALIA.

The following notifications have been received by the Department of Public Health Western Australia, during the week ending April 15, 1916:—

Disease.	Perth. Cases.	Fremantle. Cases.	Rest of State. Cases.	Total. Cases.
Enteric Fever	5	0	7	12
Diphtheria	1	2	17	20
Scarlatina	1	0	4	5
Pulmonary Tuberculosis	3	1	4	8
Erysipelas	1	0	0	1
Cerebro-Spinal Meningitis	0	1	0	1

The Medical Journal of Australia.

SATURDAY, MAY 6, 1916.

Lodge Practice and the War.

At a meeting of the Victorian Branch of the British Medical Association, held on April 5, 1916 (see p. 384 *et seq.*), Dr. Rosenberg suggested that the question be referred to the members whether the negotiations with the Friendly Societies, which had been interrupted because of the altered conditions inseparably connected with the great war, should be reopened. He maintained that a reasonable time had elapsed since the war had begun, and no economic stress, such as had been anticipated, had made itself felt. He pointed out that while prosperity existed and workers in other callings had secured for themselves increases in wages, the pay of the Lodge doctor had remained stationary. He emphasized the fact that medical men had to pay more for commodities, and that the Lodge doctor alone of the community had received no increase in payment. The Council of the Branch and the majority of the members set two arguments against those of Dr. Rosenberg. The first was that the truce could not be broken without a breach of faith; and the second was that some of the men, who were directly affected in the matter of Lodge practice, were not in Australia at present to take up a fight, if the Lodges resisted the demands of the members.

There can be little doubt that the resolution passed at the conference on August 8, 1914, was intended to be binding as long as the national emergency continued. On the same day the members of the Queensland Branch arrived at a similar conclusion, and on August 19, 1914, the Council of the South Australian Branch called a truce in the negotiation "until such time as the war shall have ceased." It thus appears that the uncertainty in regard to the effect of the war on the commercial prosperity of the Commonwealth was regarded widely as a sufficient reason for interrupting negotiations between the Friendly Societies and these Branches of the British Medical Association. The position was different in New South Wales and in Tasmania, since the negotiations with the Friendly Societies in these States had been completed before the outbreak of war.

The action of the Branches in permitting the old terms of Lodge practice to continue while every loyal citizen is prepared to expend all his energy for the safeguarding of our Empire should set an example to those trades in which the country's need is grasped as an opportunity for furthering personal interests. The occurrence of 500 strikes may not be regarded as a signal for educated and earnest men to press for increased pay or improved conditions of service. Moreover, there is a vast difference between an industrial strike and a refusal on the part of medical men to undertake contract practice under any given conditions. In the one case, the worker aims at securing an income in excess of a living wage; in the other, the practitioner claims the right of requiring the poorer section of the population, who are not in a position to pay the ordinary fees, to contract for the attendance at a reasonable rate. When he finds that the sum offered is not in proportion to the wages earned, he has a right to withdraw his offer to treat the individuals for less than his full fees. Since every workman is anxious to secure the highest wage and to pay the lowest price for his necessities, it is not unnatural that an attempt is made to secure the services of the doctor for the lowest possible figure. The Lodges, representing collections of individual workers, aim at a low rate, and attempt to control in every manner the services rendered by the doctor to the patients. It is therefore essential that some form of uniform action be taken by the doctors to standardize the conditions of remuneration and of the service generally. Opinions differ as to the advisability of the organized units of the British Medical Association compelling the members to obey the dictates of the majority. In New South Wales, a member, who accepts a Lodge appointment on conditions less favourable than those of the Common Form of Agreement, is refused further privileges and recognition. In Victoria, as Dr. Latham explained, the members would not dream of blacklisting a man because he has found himself compelled from force of circumstances to undertake Lodge work at lower

rates. In all cases, the action of the British Medical Association in attempting to fix the conditions of service with the Lodges is founded on a desire to improve the position of the medical men themselves, and indirectly to improve the relations between the doctor and the patient, so that mutual satisfaction may result. As a rule, the short-sighted man, who gains a temporary advantage over his fellow-practitioners by undercutting, suffers in the long run. He certainly acts against the best interests of the community and of his profession. In considering the present position of Lodge practice in the States of Victoria, Queensland and South Australia, it is necessary to bear in mind that this form of practice is, after all, but an expedient introduced to enable the less fortunate to secure medical attendance when necessity arises. While the British Empire is faced with the necessity of meeting a stupendously large bill, and while every loyal subject must be prepared to sacrifice everything to maintain the integrity of our beloved Empire, any action which might contribute to economic embarrassment must be regarded as antagonistic to duty and loyalty. Dr. Rosenberg is in error when he states that the medical profession is singled out to bear the burden of financial stress. No true citizen of the Empire remains unaffected by the conditions of war. Let us use our spare time and energy in assisting our country rather than in indulging in internal strife.

DENGUE FEVER.

The discussion on dengue fever, which we report in the present issue, has been fruitful in that two hypotheses have been brought forward. These hypotheses, emanating from so skilled an observer as Dr. J. Burton Cleland, the Principal Microbiologist of New South Wales, might be accepted as proven facts, unless it be remembered that the strictest proof is required from every scientist. Dr. Cleland has carried out some experiments in connexion with an outbreak of dengue in Murwillumbah, in the north-east of New South Wales, and concludes that the disease differs from the Syrian type of dengue in that its incubation period is seven days instead of three days, and, secondly, that it may be a mutant of yellow fever, since he associates the *Stegomyia fasciata* with the transmission of the infection. The experiments were unfortunately not so nicely planned as to justify these conclusions. In the first place, in his own case, he visited the infected area in March and April. He was therefore exposed to infection during the whole of this time. In the next place, he allowed himself to be bitten by presumably infected mosquitoes while at Tweed Heads and again in Sydney. He had collected both *Stegomyia fasciata* and *Culex fatigans*. The fact that he was attacked with the disease in April in Sydney does not even prove that the infection was transmitted by the mosquitoes collected by him. In experiments of this kind, probabilities must be excluded, and only ascertained facts taken into consideration. Since he was exposed to infection while in the infected district, he was obviously not a suitable subject for further experimentation, at all events for a considerable time. Moreover, he allowed himself to be bitten by mosquitoes on two occasions within a very short time, and, therefore, even if it could be shown that the mosquito had transmitted the disease, there is no evidence indicating which mosquito was the offender. Since he has not proved that the incubation period of the fever investigated by him is seven days, and since his contention that the disease can be reproduced in a healthy subject after he has been bitten by an infected *Stegomyia fasciata* is assailable, the further suggestion that dengue is a mutant of yellow fever is not supported by any evidence. For a similar reason, it is difficulty to understand the grounds on which Dr. Burton Bradley drew conclusions as to the incubation period after injections of infected blood-clot had been given both on April 8 and 12. The disease is said to have started on the 16th. The incubation period could therefore be either four or eight days. We trust that Dr. Cleland will have further opportunities of collecting material for investigation, and that in his next series of experiments he will avoid confusion of issues and present his experimental results in the clean and careful manner which has hitherto characterized his work.

RETRENCHMENT IN THE PUBLIC EXPENDITURE.

The attention of the members of the British Medical Association has been called, in the issue of the *British Medical Journal*, of March 4, 1916, to the final

report of the Treasury Committee on Retrenchment in the Public Expenditure, and especially in regard to two matters immediately affecting the medical profession. While the recommendations contained in the report do not affect Australia, it will be well if members within the Commonwealth were to read the article summarizing this report with care. The Committee was appointed to find some ways and means to save the country money in these difficult times, when every penny is required for the prosecution of the war to a successful issue. It was felt that economy might be effected in many directions without detriment to the interests of the State. The Committee was handicapped by certain limitations. They were told not to suggest retrenchments which would involve the passage of controversial legislation. Since the spending of money is an act, which always brings special gratification to one or other section of the community, it is doubtful whether any reduction of expenditure could be regarded as non-contentious. It thus appears that economies requiring fresh legislation were not to be recommended, or, if considered, were not to be relied on. Very little has emanated from the activities of the Committee, but this little attacks the medical profession with such slender justification that we recognize the necessity of noting the action and asking the profession in the Commonwealth to arm itself in advance, lest a similar attack be made on it. The two suggestions are that the fee for notification be reduced, on the slenderest and most absurd grounds, and that the majority of certifying factory surgeons should be dismissed. We have but little doubt that the British Medical Association in Great Britain will find means for resisting this attempt to exploit the doctor, while members of other callings are left untouched. There are indications at present in Australia that the Federal and State Governments will find it necessary to command more money than is readily available through the ordinary channels. The fact that pensions granted to disabled soldiers have been cut down, notwithstanding that when they were first allowed no conditions were attached to the granting and no powers were taken at the time for subsequent reductions, seem to indicate that some attempts at retrenchment are being made in Australia. To be forearmed is to meet victory half way.

THE EXCRETION OF ENDOGENOUS PURINS.

The conditions of the excretion of uric acid and purin bases have been investigated with more satisfactory results since it has been known that these substances are derived partly from the purin nuclei in the food and partly from the tissues of the body. The urinary purins are grouped into exogenous purins representing a portion of the purins in the food and the endogenous purins originating from the components of the animal body. It was held at one time that the amount of endogenous purin-nitrogen excreted on a diet free from purin nuclei was constant in each individual. Recent investigations have furnished data which tend to show that the quantity of endogenous purin-nuitrogen is increased on a diet poor in nitrogen or rich in carbohydrates, while it is diminished on a diet rich in fats. The variations are due mainly to alterations in the amounts of uric acid in the urine. It has been suggested that a synthesis of uric acid from urea and lactic acid takes place in the body. The effect of a diet of carbohydrates accords with such a hypothesis, since lactic acid is formed from carbohydrate within the body, while urea is a recognized constituent of all the fluids of the organism.

Some valuable observations have been made by Nobuyoshi Umeda,[1] at the suggestion of Professor Cathcart in the Biochemical Laboratory of the University of Glasgow. He has carefully examined the distribution of nitrogen in his urine secreted on diets free from purins, but varied in regard to the amounts of carbohydrates and fats present. After the ingestion of food yielding 2,300 calories on combustion, containing the same weight of protein but composed of different amounts of carbohydrates and fats, he finds that a diet containing 443 gm. carbohydrates leads to the formation 1 41 gm. purin-nitrogen. A diet containing 131 gm. carbodrates and 165 gm. fats produced 1.34 gm. purin-nitrogen in the urine, and a diet composed of 80 gm. carbohydrates and 190 gm. yielded 1.04 gm. purin-nitrogen. The diminution of purins in the case of a diet rich in fats is due to a lessened excretion of uric acid. It appears therefore that the presence of much carbohydrate in the diet leads to an increased quantity of endogenous purins. This conclusion has been confirmed by experiments in which the amount of carbohydrate has been varied over a wide range, while the proteins and fats have been kept at a constant amount. Two sets of observations are recorded. In one series the weight of fat was low, while in the second series the quantity of fats was large. Some further experiments, in which the carbohydrates have been kept constant and the fat varied, have given results which suggest that fats inhibit the formation of uric acid. This hypothesis has been examined by administering sodium bicarbonate to diminish any acidosis that might occur. It has been found that the administration of alkali increases the output of uric acid and endogenous purin nitrogen whatever may be the diet.

These results will require to be considered in the preparation of diets for persons, who show symptoms due to the excessive production of uric acid.

Attested Doctors in Great Britain.

The Army Council considers that no qualified medical practitioner, who is willing to accept, if offered, a commission in the Royal Army Medical Corps, should be accepted as an ordinary combatant.

The Central Medical War Committee will circularize the profession, to the effect that any medical practitioner, who has enlisted under the group system, should immediately enrol himself under the committee's scheme as willing to accept a commission in the Royal Army Medical Corps if offered him.

Every medical practitioner who has attested and enrolled under the Central Medical War Committee's scheme should, when called up, produce to the recruiting officer his certificate of enrolment. He will then not be posted to a combatant unit, and will await instructions from the Central Medical War Committee.

[1] *Biochemical Journal*, Vol. IX., p. 421, 1915.

Abstracts from Current Medical Literature.

DERMATOLOGY.

(166) The Relation of Internal Secretions to Cutaneous Diseases.

Foester (*Amer. Journ. of Cutaneous Diseases*, January, 1916) discusses the relation of internal secretions to cutaneous diseases. This article is part of a symposium, and is concerned with a general consideration of the subject and with the thyroid and parathyroid glands in particular. He states that it is only within the past two decades that the importance of the ductless glands has been recognized. The normal functions of the body are intimately associated with these glands, which are concerned in the production and discharge of certain chemical substances into the blood stream. The physiological substances (hormones) of these act as chemical stimuli, exciting certain functions of organs, and thus serve as intermediaries between different parts of the body. As a result of the increase of knowledge of these glands, many of the older conceptions of human physiology have been abandoned, since they can now be accounted for by these internal secretions. Foremost amongst these is the theory of nervous reflex action in its relation to the production of disease. According to Biedl, organs with an internal secretion include the thyroid, parathyroid, thymus, two suprarenal systems, with the carotid and coccygeal glands, the pituitary gland, with the pineal gland, the spleen, the sexual glands, and other tissues concerned in the process of reproduction. There is an interrelation between the internal secretions, and on the balance of this the normal functions of the body are greatly dependent. In this way the atrophy of one of these glands may lead to a compensatory hypertrophy in another. An interrelation, which is of special importance to the dermatologist, is that existing between the sympathetic system and the ductless glands. Through the medium of the chromaffin tissue, which is widely distributed in the medulla of the adrenals, in the sympathetic ganglia and plexuses, aortic and carotid bodies, prostate, ovary, kidney and ureter, the sympathetic and the ductless glands are brought into intimate relationship. The secretion of the chromaffin system has a specific action only on non-striped muscle fibres, that is, on tissues innervated by the sympathetic system. This tissue, under normal conditions of secretion, is thereby kept in a normal state of tone. Other organs, with internal secretion, are influenced by the internal secretion of the chromaffin system, through their sympathetic nerve supply. This close relationship between the sympathetic and the ductless gland system is demonstrated by the angioneurotic diseases. In Raynaud's disease, local asphyxia, symmetrical gangrene, scleroderma, angioneurotic œdema, menstrual urticaria and herpes, etc., there are present disorders of sympathetic innervation of the vascular system, along with which are often to be observed affections in some of the internal secretory glands. In Graves' disease, the skin may be thin and stretched, readily congested, with hyperidrosis, especially of the palms and soles, and this may be followed by hyperkeratosis palmaris. There may also be present pigmentary changes, pruritus, factitious urticaria and disorders of the nails, and yet these cutaneous conditions are only pathognomonic when considered as parts of the symptom-complex. The changes met with in myxœdema are, however, more characteristic, and in it there may occur a pallid, cold, dry and wrinkled condition of the skin, and it may be infiltrated, though not actually œdematous. A flush may occur in the malar regions, as well as on the nose. The hair is thin, dry, lustreless, and may be prematurely grey, with hair loss. Changes in the nails also occur. The sweat glands may become functionless, whilst pigmentation and chronic dermatitis are often associated with it. The appearance of these cutaneous conditions after atrophy or extirpation of the thyroid gland and their disappearance or improvement after the employment of thyroid secretion is evidence that they result from a deficiency in thyroid secretion. Scleroderma, Darier's disease, ichthyosis, etc., are considered to be associated with disease of the thyroid, this conclusion being derived through improvement after thyroid extracts. No dermatoses can be said to be definitely associated with affections of the parathyroid, but there may occur in association, derangements of the nail, pigment anomalies, chronic ulcerations and affections of the hair. The thymus gland also appears to have some influence on the trichogenic function, which shows increased activity at puberty, with the disappearance of the gland, and during its activity the hair is made more susceptible for the growth of the ringworm fungus.

(167) The X-Ray Treatment of Exophthalmic Goitre.

G. E. Pfahler and Z. D. Zulich (*Americ. Journ. of Roentgenol.*, February, 1916) discuss the X-ray therapy of Graves' disease in its relation to the ætiology of the disease, and deal with the question of thymus hyperplasia in this connexion, with the question of the application of X-rays to the ovaries, with the theory of the treatment, and, lastly, with the results, which may be expected on the pulse-rate, on the weight, on the nervous symptoms, on the exophthalmos and on the goitre. The technique is described, more especially in regard to dosage. A preliminary small dose (one-third to one-quarter of the full dose) is advised, and then a pause before the active treatment is commenced. The authors hold that it is wise to treat the thymus in all cases in addition to the thyroid gland. A skiagram should be taken to record any projection of the goitre into the thorax, any enlargement of the thymus and any enlargement of the heart. When the thymus is found not to be enlarged, a single dose, directed through the sternum at intervals, is recommended. Should it be enlarged they consider that the rays should be passed through two fields, one on either side, below the clavicle, to include the three upper intercostal spaces. They advise an 18 to 20 times dose, to be repeated after about three weeks. As a rule, the exposure to the thyroid is made from each side. When the goitre is very large it should be divided into six or eight areas for the purposes of irradiation. They agree with other authors in the assumption that there is very little foundation in fact for the claim that X-rays render subsequent operative interference more difficult. They recommend a trial of irradiation in all cases before the thyroid gland is removed.

BIOLOGICAL CHEMISTRY.

(168) Carbon Dioxide in Air.

R. C. Frederick discusses the estimation of carbon dioxide in air by means of Haldane's apparatus (*Journ. Society Chemical Industry*, January, 1916). He points out that a trace of dilute sulphuric acid must always be present in the air burette, to keep the air therein saturated with moisture, and that the stem of the control burette should be filled with the same fluid. The solution of potash must be about 10%, and it may be coloured with methyl orange, so that it is easily seen. A more definite meniscus is seen by placing some black material behind the levelling marks. A blowing bulb can be used to agitate the water in the jacket. The water should reach to one-half inch from the top of the jacket. Thin pipecleaners, which pass right through the stopcocks, serve admirably for dislodging any dirt. When samples are taken in bottles for subsequent analysis, the bottles used are 2 oz., with narrow mouths and of squat form, and are closed with ground stoppers, which are smeared with vaseline. They are fitted with elastic bands to keep the stopper in position. The extraction of the air from these bottles requires the use of a mercury bath and a bent glass tube, fitted with a three-way stopcock. A full description is given as to dimensions and method of use. With the ordinary Haldane apparatus the method of using gives readings up to 100 parts in 10,000. In the great majority of analyses this is sufficient, but it sometimes happens that the amount of carbon dioxide is much above this figure. The author gives details of a simple device for making the apparatus record up to 500 parts per 10,000. The device depends on altering the position of the mark on the stem of the potash bulb, in accordance with the volume of the graduated stem of the gas burette. The author also describes a convenient means of raising and lowering the reservoir of mercury by a stand. This is useful, since the manipulation of the reservoir becomes very tiring when

a large number of analyses are being made.

(169) Estimation of Urea by Urease.

D. D. van Slyke and G. E. Cullen deal with a number of criticisms of the details of their method for estimating urea (*Journ. Biological Chemistry*, February, 1916). They point out the necessity of using a column of acid at least 50 mm. high in the vessels employed for the absorption of ammonia. They emphasize the need for using a moderate current of air for the first minute when carrying over the ammonia to the acid. They find that the ammonia is washed out with a velocity similar to that of a monomolecular reaction. Roughly, 82% of the ammonia present is carried over in each minute. The bulk of the ammonia is therefore removed in the first minute. If the rate of the air current is lessened, absorption by the acid will be more certain. They accept the suggestion to replace solid potassium carbonate by a saturated solution of the same salt for the liberation of the ammonia. This is more conveniently handled than the solid salt. Time is saved over weighing out the solid by measuring the solution with a pipette. They have found that ammonia developes in watery extracts containing urease, even at the freezing point. They prefer to use a standardized dry preparation of the ferment. The reagents used contain variable amounts of ammonia, so that blank experiments should be performed to find out the value of the correction. They draw attention to the way in which alkali adheres to corks and stoppers, and consider that absorption vessels should be used only for acid and not indiscriminately. They also note that centinormal alkali attack the glass of burettes to such an extent that the titre of the alkali is appreciably changed in twenty-four hours.

(170) Localization of Urea in the Kidney.

P. Chevallier and H. Chabanier have studied the site of the separation of urea in the kidney (*C.R. Soc. Biol., Paris*, December, 1915). They have used the formation of crystals of dixanthylurea in sections of the kidneys of cats, guinea-pigs and dogs. The urea is precipitated by a solution of xanthydrol in methylic alcohol or ether, in the presence of acetic acid. The crystals are insoluble in water, alcohol, ether and xylol. The technique of the histological preparation is thus easy. They employ a saturated solution of xanthydrol, which causes a rapid precipitation. The precipitate is not formed immediately, so that time occurs for the internal diffusion of urea into the tissues. On this account great care must be exercised in interpreting the results. They conclude that urea exists as such throughout the uriniferous tubule. It is everywhere abundant, but somewhat more abundant in the medullary tissue. In the medulla the crystals are found along the entire length of the tubules. They exist in the ducts of Bellini and the loops of Henle. They lie entirely within the tubules, that is, in the urine. They do not appear in the epithelium or between the tubules. In the cortical region, crystals occur only infrequently within the tubules. Intracellular crystals are almost always present. Extracellular crystals lying between the tubules are habitually found. Crystals are also always present in the capillaries of the glomeruli. The widespread distribution of urea in the kidney enables these authors to deny the view that urea is separated in conjugation with some substance, so that the compound does not give the reactions of urea, a hypothesis put forward by some authors.

(171) Components of Goat's Milk.

A. W. Bosworth and L. L. van Slyke have examined the soluble and insoluble compounds of goat's milk, which have been separated by filtration through a porous earthenware filter (*Journ. Biological Chemistry*, March, 1916). They find that goat's milk contains two general classes of substances, those in true solution and those in suspension or in the colloid state. The filtrate of goat's milk, which is known as milk serum, has a faint, greenish-yellow tinge, and is somewhat opalescent. Lactose chlorides and the bases, sodium and potassium, are in solution. The native proteins, the phosphates, the citrates and the bases, calcium and magnesium, are partly in solution and partly in suspension. The fat and the casein are in suspension. The insoluble portion of milk is grey or greenish white in colour. When shaken with water it goes into suspension, to form a mixture with the opaque appearance of milk. Such a suspension is neutral to phenolphthalein. When purified, the insoluble part consists of neutral calcium caseinate, di- and tri-calcium and magnesium phosphates. The insoluble part, suspended in water and treated with neutral potassium oxalate, reacts alkaline to phenolphthalein, showing the presence of tri-calcium phosphate. The acidity of the serum is greater than that of the milk after treatment with neutral potassium oxalate. This is due to the presence of di-calcium phosphate.

A. W. Bosworth and L. L. van Slyke have also made a study of the casein in goat's milk (*Journ. Biological Chemistry*, March, 1916). From a consideration of the amounts of sulphur and phosphorus, together with an examination of its compounds with bases, they believe goat's caseinogen to have a molecular weight of 8,888 and to have a valency of 8.

(172) Alkalinity of the Blood.

G. Momose has tested whether urea, sodium lactate and sodium bicarbonate, taken by the mouth, have the effect of making the blood more alkaline (*Biochemical Journal*, December, 1915). The increased alkalinity has been measured by determining the percentage saturation of the blood exposed to a standard gaseous mixture. The substances ingested produced an appreciable increase in the absorption of oxygen in the presence of carbonic acid gas. The maximal effect was observed about two hours after the substance had been administered. The tension of carbon dioxide in the alveolar air was then examined, to see whether the ingestion of sodium lactate or sodium bicarbonate altered the tension in the blood. No appreciable change could be detected after the administration of sodium bicarbonate and a slight change of a doubtful character after sodium lactate had been taken.

(173) Volumetric Estimation of Sulphates in Urine.

J. C. Drummond describes methods for the estimation of the total sulphur, ethereal sulphates and inorganic sulphates in small amounts of human urine (*Biochemical Journal*, December, 1915). These methods depend on the insolubility of benzidine sulphate in water. The sulphates are precipitated by the addition of a solution of benzidine hydrochloride. The precipitate is removed by filtration, and can be accurately titrated against standard alkali. Full details of the mode of performing the method are given. With care, good results can be obtained with such small quantities as 2 c.cm. human urine. The method can be also employed for the estimation of sulphates in biological fluids which have been oxidized by Benedict's reagent.

(174) Epinephrin in the Suprarenal Capsules of the Human Fœtus.

J. H. Lewis has completed a careful investigation on the presence of epinephrin in the adrenal glands of the human fœtus (*Journ. Biological Chemistry*, March, 1916). While epinephrin has been found in the capsules of different animals, both by chemical and by physiological methods, it has not been possible to demonstrate its presence in the human fœtus. The author has employed the test, recently devised by Folin, Cannon and Denis, in which a solution of phosphoric acid and sodium tungstate is added to the fluid to be tested. A blue colour is produced. A similar blue colour is given by uric acid, so that uric acid is used for the standard in the colorimetric estimation of the amount of epinephirin present. This test has given positive results with the suprarenal capsules of eight human fœtuses varying in age from three months to full term. The author has found that negative results are yielded by Seidell's manganese test, by the ferric chloride reaction and by the gold chloride test. Extracts of the glands have no effect on the blood pressure. The glands have therefore been analysed for uric acid, which has been found present in large amounts in the fœtal capsules and also in the kidneys. Some tests have also been made by using strips of plain muscle from the uterus or small intestines of guinea-pigs. While some negative results have been noted, positive results have been observed on two occasions. The author does not lay stress on these results, as he could not confirm the finding by any chemical tests. He concludes that the Folin test should not be used to detect the presence of epinephrin in fœtal tissues, because of their high content in uric acid.

British Medical Association News.

MEDICO-POLITICAL.

A meeting of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on April 5, 1916, Dr. A. V. M. Anderson, the President, in the chair.

Dr. David Rosenberg moved:—

> That it be a recommendation to the Council of the Victorian Branch of the British Medical Association that a referendum be taken of members resident in Victoria on the question of re-opening negotiations with Lodges, with a view of securing the terms of the Model Lodge Agreement.

He reminded his audience that 18 months before, the representatives of the Branch met delegates of the Friendly Societies, and passed a resolution to the effect that the two bodies represented be asked to postpone the negotiations concerning the conditions of service of medical practitioners attending Lodge patients to some future date. The Queensland Branch had also deferred negotiations with the Lodges for an indefinite time. These resolutions were carried during the early months of the war, when it was thought that it would be unseemly, undignified and degrading for members to be disputing with the Lodges for a rise in pay, while the Empire was engaged in a death struggle with the central powers. The dispute appeared to them at the time a small matter, as compared with the dispute in Europe, and that it could be held in abeyance for a time, until Germany was accounted for.

The speaker considered that, while this attitude might have been correct at that time, there appeared to be no sound reason against reopening negotiations with the Lodges. When the original resolution was carried, the majority of members thought that the war was a matter of months, and that after the lapse of a short time they would be able to put the Model Lodge Agreement before their patients as a reasonable proposition. They anticipated that members of other occupations would sink their differences and be content with what they were earning or were possessed of, in order to fight the common enemy with a whole heart. They were also of opinion that in the winter of 1915, poverty would be so great that an increase in remuneration would be out of the question.

Eighteen months had gone by, and, notwithstanding the fact that Australia has passed through a severe drought, they found that their fears had not been realized. Wages had increased during the period of the war. In other callings the employees had, as a result of organization, secured better wages for fewer hours of work and improved working conditions. He quoted a long list of employments in which this had been achieved. He showed that the increase in wages had caused an increase in the cost of production, and, as medical men were consumers, this additional cost was being borne by them as part of the general community. In this way the money value of the Lodge rate, *i.e.*, 14s. per annum, had been diminished.

Dr. Rosenberg then read a passage from a weekly journal, referring to the action of the medical profession in Wellington, New Zealand. According to the same journal, there had been 500 strikes in Australia during the period of the war.

He therefore claimed that it was absurd to assume that, because of the state of war with Germany, the medical men in Victoria should not receive the same rate of remuneration from Lodges as their fellow-practitioners in New South Wales. He again emphasized the fact that the increase in wages, the high cost of production and other factors had led to an increase in prices, and Lodge doctors were required to accept the same miserable payment as before.

He called attention to the wave of prosperity in Australia, and pointed out that unemployment was rare. Everybody was better off and better able to pay the increased cost of living. He was at a loss to know why Lodge surgeons alone of the community should receive no increase.

In the next place, he stated that the Lodges themselves were richer than they had been. In Australia they had over £5,500,000 in accumulated funds. It was therefore certain that if they pressed their demands they would not embarrass the Lodges financially. Even if all other methods failed, the Lodges could do as they had done in Richmond a few months before. Drugs had increased so greatly in price that the Lodges had found that they could not run their dispensary at 1s. 8d. per quarter per member as formerly. They therefore called upon each member to pay an extra 4d. per quarter, and the members paid it.

Dr. Rosenberg maintained that after every war the conditions of trade and commerce, of employment and of speculation sank to zero. He anticipated that unemployment and poverty would follow the present war, and then the Lodges would ask the medical profession to lower the rate still further. He recalled the period after the bank smashes of the early 'nineties. After the war, when the employer and the employees would be poor, they could not claim that they deserved an increase in the rate of remuneration, if they did not make this claim during the period of prosperity.

During his visit to Australia, Dr. J. A. Macdonald had urged them to organize their Branches. The speaker was aware that the organization was imperfect, and declared that, after the war, it would be still less perfect. He ventured to prophesy that the newly-qualified graduate, the resident medical officer, the locum tenens, the assistant and the man who "went insurancing," all of whom had been at the front, would set up in practice, as would the British and French practitioner, who, finding it difficult to make a living in Europe would seek their fortune in the colonies, and, last of all, there would be the German doctor emigrating to Australia. If a fight took place, he would without doubt be registered and recognized by the Government. None of these men had been tutored in the lines of the Model Lodge Agreement, and it would, therefore, be necessary to organize this new profession before their demands could be pressed with the Lodges. He thought that this would take at least five years to accomplish. In conclusion, he emphasized the point that the Lodge surgeons were receiving less than the British panel doctor for each person treated. Every person in other occupations in Australia was receiving much more than his fellow in Great Britain. He urged that they should obtain an agreement with the Lodges, within a few months at least, as favourable as that which existed in New South Wales.

Dr. James Amess seconded the motion. He wished to know how far the Council had compromised itself with the Friendly Societies. The wording of the agreement was not "for the period of the war," but "for the present." They should uphold the Council in any action it had taken, but he felt that the Council need not hesitate about taking steps toward securing the Model Lodge Agreement. If the general practitioners thought that it was the proper time to act, he knew that the Council would carry out their wishes.

The Honorary Secretary read a letter from Dr. F. E. Langley, of Dandenong, in support of the motion.

Dr. W. R. Boyd did not consider that it would be wise to consider the question of reopening negotiations, and therefore opposed the suggestion that a referendum be taken. At the conference the proposal that a truce should be declared emanated from a member of the Victorian Branch of the British Medical Association. He assented to the statement that the negotiations had been suspended for a time, and not until the end of the war. He stated that Dr. Rosenberg was justified in bringing the matter up for discussion. But he held that the time was not ripe. He admitted that many of them had been in error in their estimates of the conditions likely to occur during the first 12 months of the war. No one had expected the financial conditions they were enjoying. He recognized that it might be a good time to fight the Lodges, as there were fewer men to look for positions than there would be after the war. It was tempting to consider the time as opportune, as the chances of success were good. But they should adhere to the real spirit of the compact. If they did not, they would have bitter opposition, and the press would not support them. He even doubted if they would have the unanimous support of their own members.

Dr. J. Newman Morris said that he had been prepared to vote against the motion. He was awake to the objections to taking a referendum. Dr. Rosenberg's arguments had weighed not inconsiderably with him. He recognized that the time was favourable, because of the scarcity of medical

men in the State. They should enquire what the Lodges were doing. They were keeping members, who were serving, financial. In a public controversy this would carry great weight, and it would be said that the Lodges were doing the patriotic thing. The reputation of the Association had to be considered before the question of a small increase. The members had to share sacrifices; they were not receiving an increased income either from private or from Lodge practice. Their expenses were 30% greater than before the war. But there were other abuses besides low pay which required remedying, such as the multiplicity of certificates and books that Lodge officers were required to keep. The Lodge secretaries often put a member on or off a list at the end of a month or at half quarter. If a referendum were to be taken in a modified form, and the financial aspect were not dealt with, he would vote for it.

Dr. B. Crellin expressed his indebtedness to Dr. Rosenberg for the able manner in which he had presented his case. The question of remuneration was important, but of far greater importance was the question whether they would be breaking faith with the Friendly Societies. The motion began with the words: "In this national emergency," and he therefore held that, until the national emergency had terminated, they should not reopen negotiations.

Dr. L. S. Latham, the Honorary Secretary, said that he had had experience of Lodge practice up to four years before. Reference had been made to the resolution which defined the position, and the question at issue was whether the Friendly Societies' Association should be approached at that time. The wording of the resolution was:—

> That in this national emergency a recommendation be sent to the Councils of the British Medical Association and of the Association of Friendly Societies in Victoria to postpone consideration of the matter now under consideration to some future date.

The report also contained the following:—

> It was agreed that nothing should be done on either side in the meanwhile to affect the *status quo*; and Mr. Knight and Mr. Crouch, the Secretaries for their respective sides, were authorized to confer at some future date and call the existing sub-committee together to resume negotiations.

In coming to its conclusion, the Council had regarded it as a matter of honour to abide by this resolution. They considered that the national emergency still existed, and therefore they had expressed themselves as being opposed to the suggestion to reopen negotiations. The Council had acted on many occasions on the assumption that a truce was in existence, and the Friendly Societies had regarded the position in this light, save on one or two unimportant occasions. If the Council were to act as if the resolution were not binding, it would be a reversal of their policy, a reversal which could only be adopted with a certain amount of evasion and loss of reputation.

Dr. Latham spoke of other reasons against the suggestion brought forward by Dr. Rosenberg. The absence of many of their members was not, as had been stated, a favourable feature. The assumed advantage would be found to be nugatory. The practices of absent members were in the hands of partners or locum tenentes. In the event of negotiations being pushed to rupture, could these men be expected to sacrifice the appointments of their principals? They could not even ask them to act in accordance with such a policy, when the men had gone abroad to the war, knowing that the truce had been proclaimed. This fact alone would render it impossible for members to act in a compact body. Another argument which appealed to him was the sacrifice the Lodges themselves were making. He had received a letter from a member of the Board of Directors of the Australian Natives' Association, in which the writer quoted the terms of the resolution, and added:—

> This was taken by us to be for the term of the war, and on that understanding we have incurred some very heavy liabilities. (i.) The Board of the A.N.A. are undertaking to keep all members enlisted good on the books. Up to the present the Board has paid in members' contributions to Branches just over £4,500, and by the end of the year will have paid about £12,000. (ii.) We are continuing to pay members' medical fees due to doctors, even though they are at the front. As the majority of them are single, it means we are paying doctors' fees in many cases where there cannot be any consultations. I only mention this to show that we are trying to keep faith on our part. (iii.) It is impossible to say exactly what our liability will be in sick and funeral claims arising out of the war, but the Government Actuary's estimate of premiums required on a proposed reinsurance scheme was £6 per member per annum. As we have over 4,000 members enlisted, it will be seen that there is a liability of something like £24,000 per annum for sick and funeral claims directly arising out of the war. (iv.) Take last year as an example, there was an increase of £2,060 in funeral claims paid as compared with the previous year, which amount was represented in £2,020 paid to representatives of deceased soldiers. (v.) It means that we are going to have our financial resources taxed to the utmost to meet the obligations we have taken on (a good many of which, I may say, we could have repudiated) and in entering into the obligations I am quite certain that the individual members of the Board relied on the understanding that there was to be a truce in connexion with arrangements with doctors until after the war.

Dr. Latham pointed out that the Board of the A.N.A. believed that the resolution was binding and had application for the term of the war. The Council of the Branch did not interpret the resolution as being necessarily for the whole term of the war, but this was not relevant to the argument.

Referring to the 500 strikes, Dr. Latham said that they all deprecated them as acts of national disunion. Even if some action were taken and the medical men gained a rise in rates during the war, he wished them to remember that the depression of the after-war period would make it difficult for the Lodges to maintain this rise. There would be men returning; many of them would have to found new practices. Were they going to blacklist those men, who, from force of circumstances, would be compelled to take Lodge work at lower rates?

Dr. B. J. Adam pointed out that the Rechabites had not kept up the fees of the absent members. They had kept all their members good on the books, but had not paid the doctors. This was not fair treatment, since when the men returned the doctors would be required to attend them, even if they were permanently injured or chronic invalids. All the Friendly Societies should follow the lead of the A.N.A.

Dr. J. F. Agnew thought that the members had themselves to blame for the unsatisfactory position. They had missed their opportunity, and would have to put up with the consequences of their mistakes. Speaking of his personal experience, he related that he had found his lists depleted on his return from the front. He asked whether the Societies collected the fees and neglected to pay the doctors serving at the war. One soldier on the troopship returning to Australia had asked him to sign a Lodge certificate, to enable him to draw sick pay. His mother had paid his contributions to his Lodge, and he had £30 to draw when he arrived in Australia. The speaker agreed with Dr. Latham that locum tenentes could not act for their principals in this matter. Their interests should be safeguarded as far as possible, in view of the sacrifices they were making. He agreed that they should keep faith with the Lodges. They did not want the public, the press and the members of Parliament against them.

Dr. P. M. Reid held the opinion that, although the present time might be tactically opportune for reopening negotiations, it was questionable whether the members could demand a higher rate of payment in an honourable manner and without loss of prestige. He considered that this fact sufficed to debar them from taking the steps suggested.

Dr. J. F. Wilkinson expressed his gratitude to Dr. Rosenberg for having initiated the discussion, although it was, in his opinion, impossible to agree with the arguments evolved in favour of the resolution. He had been instrumental in framing the resolution submitted to the conference. At first the words "for the duration of the war" had been included, but they foresaw that circumstances might arise, in which it would be necessary to reopen negotiations,

The words were therefore altered to "to some future date." They understood that even if the duration of the war was not the literal interpretation of the resolution, the effect was to apply while the national crisis continued. The speaker maintained that the national crisis was not less serious than at the beginning of the war, but was in fact much more serious. He asked what would be done if negotiations were reopened and one or two of the five representatives were to refuse to attend. Or what would happen if they came to a meeting, but refused to discuss the matter? They would certainly be more unwilling to meet the demands of the Association, as their financial position was worse than it had been. The only chance the members would have, would be to fight the Lodges. But half their members would be sick at heart, and the bulk of them had no stomach for a fight under the present conditions. Although he was no longer a Lodge surgeon, he had been prepared before the outbreak of war to do his utmost to get better conditions for the men who were doing that kind of work. He did not hesitate to tell the members that in a fight under the present conditions, they would have nothing approaching unanimity, and would be bringing on themselves contumely from all quarters. He trusted that they would not go to the length of taking a referendum. If the A.N.A. were keeping their members financial and the Rechabites were not, they would be justified in approaching the leaders of these Societies, with the object of asking for a remedy for this state of affairs. If members had grievances of the kind spoken of, it was their duty to inform the Council, who would be willing to act in ordinary negotiations.

Dr. Leon Jona asked for information as to the percentage of their members serving at the front. There were 30 practitioners within two miles of the speaker's house, and only one or two were away. Fear had been expressed that the medical men would not have the sympathy of the general public in the event of a fight at the present time. He maintained that they would never have it. The support of the press, both lay and medical, was not worth considering. He held that they would not be breaking faith with the Friendly Societies by entering into a renewed discussion within them. He hoped that the rate would be increased from 14s. to 20s. The figures quoted as representing the sacrifices of the Lodges were meaningless, since the proportion of the total funds was not given.

Dr. F. L. Davies distinguished among Lodge members the working men who were fairly well off and those who worked in offices and belonged to the poorer middle class. The latter did not receive good salaries. When out of work, they fell back on hospitals. He stated that this class felt the pinch at the present moment. The Lodge members on his lists who had gone to the front were paying the money themselves, and payment was being made to the doctors. He did not consider that they would be doing right in demanding more at the present time. He could not enter into the fight with the Lodges with any heart. Their case was so strong that they could afford to wait. He did not wish to alienate sympathy.

The President informed Dr. Jona that 228 men out of a total of 824 members of the Branch had undertaken military service. Dr. Jona suggested that the majority of these men were boys, who had rushed through their medical course, locum tenentes and specialists. He wished to know how many of the 228 were in general practice.

Dr. James Booth was prepared to vote for the motion, after hearing from Dr. Wilkinson that the wording of the original motion had been altered, in order that the question might be reopened during the war.

Dr. William Ostermeyer did not consider that there would be any breach of faith in taking a referendum. This step was only informative. Referring to Dr. Langley's letter, which had been read, he pointed out that a new Lodge had been formed, and Dr. Langley had attempted to obtain the terms of the Model Lodge Agreement. The Council had, however, informed him that he was bound by the truce not to disturb the *status quo*. The speaker contended that the arrangements had no reference to newly-formed Lodges.

In his reply, Dr. Rosenberg maintained that if the resolution of the conference was meant to cover the whole duration of the war, it should have been made quite clear in the wording. He thought that neither public nor press opinion should dominate the professional attitude. He asked why the Recruiting Committee was appealing to the doctors to treat Lodge members for nothing. It would have been better to have given a fair deal, seeing that the rate of pay was only 14s. per annum. The Lodges should give £1 and the doctors could do the patriotic thing by treating recruits for nothing. He regarded it bad tactics for the Lodges to keep their members financial on the doctors' books. Dr. Davies had forgotten a fourth class of Lodge member, namely, the Cabinet Minister. In conclusion, Dr. Rosenberg said that the present time was opportune for organizing, and that the organization should begin at the University. He hoped that this work might be accomplished satisfactorily, so that when a fight did come, they would win, and not make such a miserable show as the medical men in England did. While he recognized that his motion would be lost, he was glad that the discussion had taken place, as it would be known why no action was being taken at the present time.

The motion was put to the meeting. It was negatived by 54 members voting against it and 4 for it.

The President announced that the Council would consider many of the matters referred to, more especially those connected with Lodge lists.

A meeting of the Council of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on April 26, 1916. The following letter from the District Secretary of the Independent Order of Rechabites relative to the remarks made by Dr. B. J. Adam at the meeting of April 5, 1916, was read:—

> Dear Sir,—In reply to your enquiry, I may say that at the commencement of the war we kept all our members on the medical lists at the expense of the District. After the first six months, as the liability in respect to the enlisted members had grown, it was decided that, so far as the District is concerned, it would only pay the medical fee for married men and others having dependants entitled to medical benefit. The view was taken that the single men should undertake the liability of the medical fee themselves. In practice, however, the general result has been that the names of the single members have been removed from the medical lists. The Order is paying the fee for all married members.
>
> I am, etc.,
> (Signed) JOHN VALE.
>
> April 26, 1916.

Dr. Adam admitted the facts contained in the letter, but pointed out that Lodge rates were accepted because of a large proportion of picked lives contained on the doctors' lists. When these picked lives were excluded, the basis of fixing the rate of remuneration was changed. If the Australian Natives' Association could keep their single members financial, the other Lodges should be compelled to do the same. He considered that the fact of taking the unmarried men off the doctors' lists was tantamount to raising a new point in the relationship of the doctors to the Lodges, and was a breach of the truce arranged after the outbreak of war.

Dr. Thomas George Cann Evans, of Kyogle, has been nominated for membership of the New South Wales Branch.

Medical Societies.

PATHOLOGICAL CLUB.

A meeting of the Pathological Club was held at the Bureau of Microbiology, Sydney, on April 19, 1916. Dr. H. G. Chapman occupied the chair.

Dr. J. B. Cleland opened a discussion on *dengue fever*. He said that an extensive outbreak of this disease had occurred at Murwillumbah, New South Wales, during March and April, 1916. Every resident in the town had been affected. He had visited the town early in April. At Byron Bay Railway Station he had looked for mosquitoes and had collected

Stegomyia fasciata and *Culex fatigans*. Bancroft had endeavoured to prove that *S. fasciata* transmitted dengue fever. His experiments were carried out in an infected area, and were therefore not sufficient. Bancroft had also laid stress on the fact that persons, visiting infected areas during the day-time only, had contracted the disease. *Stegomyia fasciata* was accustomed to bite persons in the day, while *Culex fatigans* bit at night. The mosquitos observed at Murwillumbah were chiefly *S. fasciata* and *C. fatigans*. In addition he had found one anopheline mosquito and some specimens of *Scutomyia notoscripta*. Dr. Armstrong had found some specimens of *Culicelsa annulirostris* at Maclean. On examining the mosquitos in the train leaving for Lismore Dr. Cleland had found *Culex fatigans* and *Culicelsa annulirostris*. He had formed the opinion that *S. fasciata* or *C. fatigans* must be the infecting agent. Both were domestic mosquitos, which bred in supplies of water around houses and not in marshes and pools around the town. He believed, therefore, that it would be a simple matter to free the town from them.

The disease at Murwillumbah was characterized by high fever, congestion of the eyes, intense pain in the back, and profound malaise. On the second or third day a punctate scarlatiniform rash was observed. Later some desquamation occurred. Only some of the cases presented the second febrile stage. The illness lasted ten days on the average. He had collected blood from a number of patients. Some blood had been mixed with a solution of sodium citrate to preserve it in a form in which the corpuscles could be separated from the rest of the blood. The serum was collected from clotted blood for the purpose of performing Wassermann reactions. The remainder of the clot was kept for inoculations. He had brought a number of mosquitos to Sydney. He had started with 60 *Stegomyias* and 20 *Culices fatigantes*. He had fed them on himself at Tweed Heads and again in Sydney some days later. Seven days after he had been bitten he had developed dengue. The mosquitos that he had brought to Sydney had fed on patients in Murwillumbah. They had been allowed to bite a number of persons in Sydney, but no person had contracted the disease.

He was of opinion that the disease in Queensland differed from dengue. He regarded the Syrian disease as the type of dengue. The incubation period of the typical disease was three days. From the experiment on himself and from those of Dr. Bradley to be described, he thought it was probable that the Australian disease had an incubation period of seven days. Another difference that had been noted lay in the slow pulse-rate in the Australian type. From the experiment on himself and from the fact that persons living outside Murwillumbah, who visited the town in the day, had contracted the disease, he had formed the opinion that *Stegomyia fasciata* was the agent of transmission for the disease in Australia. Since this mosquito carried the infection of yellow fever, he thought it likely that dengue was a mutant from yellow fever. Dengue bore the same relation to yellow fever as the disease known as small-pox in Australia to virulent small-pox.

Dr. C. H. B. Bradley described the experiments that he had performed in Sydney with the material brought by Dr. Cleland. The material was limited in amount, as many of the samples had become infected with germs. He had three kinds of material, (1) filtered citrated blood from one patient, (2) unfiltered serum from a second patient, and (3) the clot from the blood of the second patient. Injections had been made into fifteen persons. The amount of the injected material was roughtly 1 c.cm. The injections were subcutaneous. Five persons were injected with the citrated blood. None developed the disease. One person injected with the serum was not infected. Two persons injected with the clot had been infected. These two persons had received the injections on April 8, 1916. On April 12, 1916, they had received injections of serum or citrated blood from a patient suffering from dengue in the Coast Hospital, Sydney. The disease started suddenly on April 16, 1916. Five other persons were injected with the same material from the patient at the Coast Hospital. None had developed the disease. He thought that the experiment showed that the incubation period was seven days.

Dr. S. Dodd pointed out that in other diseases inoculations with blood yielded shorter incubation periods than infections conveyed by the bites of insects. He thought it remarkable that Drs. Cleland and Bradley had obtained the same time.

Dr. Litchfield thought that no reliance could be placed on the results in the case of Dr. Cleland. He had worked in an infected area, and he had been bitten later in Sydney. He thought that there was no proof that he had been infected through mosquitos.

Dr. H. C. Chapman said that the only safe conclusion to be drawn from the experiments was that the blood of the patient contained the infecting agent which could convey the disease when inoculated into another person. There was no experimental evidence from which the period of incubation could be deduced.

Mr. H. S. H. Wardlaw, D.Sc., read a paper on *carbon dioxide in expired air*. He said that, in 1905, Haldane and Priestley had brought forward experiments to show that the composition of the air in the alveoli of the lungs could be determined by analysis of the last portions of a deep expiration, and that the concentration of carbonic oxide in the alveolar air so obtained was constant in each individual. Students in the classes of practical physiology at the University of Sydney could not obtain constant figures when estimating the amount of carbon dioxide in their alveolar air. He had noted that the students were inclined to hesitate somewhat before making the forced expiration from which the samples for analysis were obtained. He had performed a series of experiments to measure the effect of holding the breath on the concentration of carbon dioxide in the alveolar air. He had found that, although conclusions could not be drawn from individual experiments, a definite relation between the time, for which the breath was held, and the percentage of the alveolar air was displayed when the averages of many experiments were employed. As the breath was held the percentage of carbon dioxide in the alveolar air rose at a continually decreasing rate for ten or more seconds. Having reached a certain value the percentage remained constant for another ten second or thereabouts. Finally the percentage of carbon dioxide began to rise again. When this point was reached (in about 25 seconds from the stoppage of respiration) the subject became unable to hold the breath for more than a few seconds. He considered that the average tension of carbon dioxide in the venous blood, entering the pulmonary capillaries of the subject, might be calculated from the value for the percentage of carbon dioxide in the alveolar air during the period of constant concentration. He thought that the interval which elapsed between the stoppage of respiration and the second rise in the percentage of gas measured the circulation time of the subject. He showed curves obtained from 100 estimations made on each of two subjects, one male and the other female.

Dr. H. C. Chapman drew attention to the lower figures obtained for the concentration of carbon dioxide in alveolar air. He had not seen figures higher than 5% when the estimation was done according to Haldane's method, while most of the figures lay nearer 4%. He wondered whether this was due to the higher average temperature in Australia.

Dr. C. S. Wilson suggested that the humidity was more important than the temperature.

The discussion was adjourned to the next meeting.

Dr. H. G. Chapman demonstrated an apparatus for making a number of measurements of the freezing points of liquids at the same time. The arrangement permitted all the liquids to be super-cooled to the same degree. A quantity of sea-water was surrounded by a freezing mixture contained in a box filled with sawdust. By adjusting the quantities of freezing mixture and sea-water any desired temperature could be readily maintained.

Dr. J. B. Cleland showed microscopical sections of a *lymph gland infiltrated with malignant cells*. Many multinucleated cells could be seen, and mitotic figures were numerous. The gland was obtained from a woman aged 23 years, who was married, and pregnant for four months. The gland had been removed from the groin. Four months previously a gland had been removed from the neck. There were symptoms of increased intrathoracic pressure. He thought that the condition was due either to carcinoma or

to chorionic epithelioma. He thought that the appearance excluded lymphadenoma. Dr. Litchfield was of opinion that the condition was due to lymphadenoma. Dr. Cleland showed a histological preparation of a *sacral teratoma*, which contained bone surrounded by columnar epithelium. This demonstrated perhaps the development of such epithelium in a teratoma. He also exhibited the brain of a *baboon with haemorrhage into the internal capsule*. The mass of the hæmorrhage lay in front and external to the internal capsule. He further showed two coarse red hairs plucked from the scalp of a person whose normal hairs were fine and dark brown in colour. He believed that the coarse red hairs and the fine brown hairs represented pairs of segregated characters. The brown hairs were dominant, and the red hairs recessive.

The following office-bearers were elected for the current year:—Chairman, Dr. J. B. Cleland; Honorary Secretary and Treasurer, Dr. Burton Bradley; and third member of committee, Dr. H. G. Chapman.

THE STATE CHILDREN IN NEW SOUTH WALES.

The Annual Report of the President of the State Children Relief Board of New South Wales to the Minister for Public Instruction contains a very large amount of matter of direct or indirect hygienic importance. The report covers the period of 12 months ending April 5, 1915.

Introduction.

The expenditure of the Board has increased in proportion to the extension of the policy of payments for the maintenance of children of widows and deserted wives. In the 12 months ending April 5, 1914, the total general expenditure was £132,729, while in the year under review it was £134,791. The sum of £51,792 was distributed among 5,970 children of 2,095 widows and deserted wives.

The rate paid for boarded-out children of over three years of age is 5s. per week. It is found that this sum is quite inadequate, owing to the increased cost of living, and to the amount of distress caused by the war. A recommendation that the rate be increased to 6s. a week has been made to the Minister. It is pointed out that in several other States a larger sum is paid for boarded-out children between the ages of three and twelve.

The President calls attention to the grave danger to infant life resulting from advertisements in the daily press by persons offering children for adoption, with the payment of a premium, and by others expressing their willingness to adopt these infants. It appears that the Department has no power to interfere with this practice, and that attempts to gain the co-operation of newspaper proprietors have failed. The President advocates the amendment of the Act.

Boarded-Out Children.

The State Children Relief Act of 1881 provides for the boarding out of dependant children with approved guardians or with their own mothers, when the latter are deserving widows or deserted wives, and are not in a position to provide for them independently. The total number of children placed out under the Act was 11,492. This represents an increase of 827 on the previous year. Of the children under control, 4,880 are boarded out apart from their mothers. In 1914 the number was 4,238. There were 6,612 children boarded out with their own mothers in the year under review, as compared with 6,427 in the previous year. It thus appears that the boarded out children represented 6.1 per 1,000 of the total population. The contributions from parents and other relatives has decreased from £4,599 to £4,110. The reduction is attributed to the amount of unemployment and to the high cost of necessities. The President is of opinion that the amount collected annually from near relatives does not constitute a reasonable proportion of what could be collected were the administration assisted by more comprehensive legislation.

In addition to the children boarded out apart from their mothers and those with their mothers, inspection is carried out in respect of 925 children registered under the Children's Protection Act, of 535 children in licensed institutions, of 680 engaged in street trading, and 1,184 released on probation, and of 265 employed in theatres. The total number of children under the supervision of the Board's salaried inspectors was therefore 15,081. This work, which is carried out by 33 officers, is supplemented by voluntary work undertaken by honorary officers. The latter work in the districts in which they reside, and visit the children of the same religious denomination as themselves. In addition, there are four resident officers at Newcastle, Maitland, Broken Hill and Goulburn. Four lady inspectors are charged with the supervision of the conditions of infant life, and turn their attention more particularly to the inspection of illegitimate infants. No less than 27,898 visits were paid to 5,073 homes in which State children were boarded out. The total number of investigations carried out by the members of the salaried staff amounted to 72,814. These comprised applications for the custody of State children, applications from relatives for the admission of children to State control, applications for the restoration of children to the care of relatives, and applications from widows and deserted wives for monetary allowances toward the support of their own children. In addition, there were investigations in connexion with the administration of the charity vote, enquiries concerning the licensing of street sellers, those connected with truancy and school default, and those relative to charges of neglect of children. In 262 cases prosecutions were undertaken for failure to send children to school, and in 731 cases for alleged neglect. The number of exemptions from attendance of day schools and of prosecutions for breaches of the compulsory clauses of the Public Instruction Act has decreased steadily during the past few years.

In the case of 3,317 children, the Government provided the complete maintenance in cottage homes in the central depôt or in hospitals. Of the remainder, 1,237 children were apprenticed, and 216 were adopted without payment.

The total number of children at the beginning of the year was 4,695. During the year, 1,195 were admitted, and 539 were discharged to relatives or friends, 27 died, 274 were discharged over age, 18 absconded, 126 were sent to farm homes, training homes, orphanages and other institutions. Four were sent to the Hospital for Insane, Newcastle, eight to the Deaf, Dumb and Blind Institute, six boys were sent to sea, three girls to the Female Refuge at Glebe, four to convents and one to the Aborigines' Protection Board.

The large number of discharges is part of the Board's policy of detaining the children for brief periods, and allowing them as soon as their behaviour warrants it, to return on probation to their relatives or friends. Of the 1,195 children admitted, 501 came from Children's Courts. Fifty were admitted from the Benevolent Asylum, four from private institutions, one from a public institution, and 25 through the Police Department.

Save in the case of families of children, not more than three children are sent to more than one guardian. Brothers and sisters, however, are not usually separated. The distribution of the children is as follows. In 1,980 cases only one child is taken; in 452 homes there are two children; in 209 there are three; in 87 there were four; in 35 there are five; and in 11 there are six.

Apprenticed Children.

During the year, 1,237 children were apprenticed to trades. The majority of the boys was sent to farms, and of girls to domestic service. The apprenticeship system will probably be modified in two particulars. The Board is considering the advisability of establishing special training homes in which some preliminary training could be imparted prior to the actual apprenticeship, and, in the second place, a revision of the wages scale, in view of the fact that the rates fixed by law are regarded to be too low.

Adopted Children.

The number of children placed out permanently with foster parents is 216. Efforts are being made to obtain the voluntary co-operation of individuals and associations, as well as of the public press, to combat the adoption of children effected by means of a public advertisement. The law requires amendment in ordering that the conditions under which advertisements relating to the adoption or care of children may be inserted in the press may be regulated, and also to improve the conditions governing the adoption of infants.

Invalid Children.

Crippled, paralysed and debilitated children, those who are feeble-minded and those who are neglected or delinquent, are dealt with under the cottage home system. There ar 14 of these homes, 11 at Mittagong, and three at Parramatta. Aboriginal or half-caste children who have escaped from or are ineligible for the jurisdiction of the Aborigines' Protection Board are also cared for in the cottage homes.

There are five Farm Homes for Boys who have been committed by Children's Courts as neglected, uncontrollable or delinquent. One home is reserved for crippled boys, two are utilized for the special treatment for feeble-minded boys, and the remaining three have the function of caring for sick, debilitated and convalescent children. The feeble-minded girls are cared for in one cottage at Parramatta, while paralysed and incapacitated children are housed in two other cottages.

The Feeble-Minded.

In the past the feeble-minded, mentally deficient and backward children were examined by an expert alienist, Dr. Andrew Davidson. The Board was greatly indebted to Dr. Davidson for the enthusiasm and thoroughness displayed by him in the discharge of his work. His experience was utilized in the inauguration of a system for dealing with these defective children. During the course of the year the Minister determined that Dr. Andrew Davidson's services should be dispensed with, and that all the medical work in connexion with State children should be carried out by members of the medical staff of the Public Instruction Department. From January 1, 1915, Dr. Colin Stewart, a medical officer in the Department of Public Instruction, has taken over Dr. Davidson's duties. The wisdom of substituting the services of a young School Medical Officer for those of an experienced psychologist for the purpose of looking after mentally defective children may be questioned. One of the cottage homes is reserved for mentally deficient boys over 12 years of age, another for those under 12 years of age, a third for girls, and a fourth for older sexually degenerate boys. The total number of children in this category is 76. It is stated that the children respond readily to kindness, and that considerable progress in their training has been achieved. A modified Montessori system of education is practised. In addition to manual labour, the boys receive some schooling, drill and exercise. The schooling comprises rudimentary instruction in reading, writing, etc., and in many instances they have become almost normal. Dr. Andrew Davidson's report on the physical and mental condition of these children is quoted by the President. It appears that many of the children were dull and mentally backward as a result of physical ailments and of the effect of unhealthy surroundings, and not as a result of any gross mental defect. Under favourable circumstances it was possible that these children might arrive at a normal standard, if the training were taken in time. In several instances it was noted that the sexual development was of inverse proportion to the mental development. These children were a source of endless trouble and anxiety. They had an utter lack of purpose in their actions, and were difficult to teach until they had been removed for some considerable time from their bad surroundings. The President points out that the strong bond of affection existing between the patients and their teachers was responsible for the good results achieved.

In dealing with girls, it has been found that previous association was responsible in many cases in part, at all events, for the mental condition in which they were found. Much had to be undone before the work of training could be begun. These children were frequently fearful, and it was necessary to replace the feeling of fear by that of trust. Good food and fresh air were required to improve the defective condition of the body before any progress could be made in the mental training. After the preliminary stage had been gone through, the girls were taught reading, writing, number composition, brushwork, modelling, basket and raffia work and sewing. The teachers attempt to develope the power of observation and of concentration, the will power, the memory and the imagination. Two serious drawbacks have militated against the progress of the children. The first is the presence of epileptics in the home, which has an injurious effect on nervous children, and the second is the absence of a shelter shed for exercise purposes in wet weather. Both these matters will, it is hoped, be remedied at an early date.

Aboriginal and Half-Caste Children.

There were between 70 and 80 aboriginal and half-caste children under the supervision of the Board during the year, and, of these, 23 were housed in the cottage homes, two in a probationary farm home, and the remainder were boarded out or apprenticed. The Board has experienced great difficulty with these children. They are, as a rule, lazy and unreliable, and guardians are reluctant to accept responsibility for them, and particularly for the girls. These children require much longer detention than wayward white children. In addition, coloured children from camp have not practised the ordinary usages of civilization. They are frequently neglected, and are precocious in immorality and vice. The President enters into a long discussion of the various difficulties connected with the control of these children. From a medical point of view, the prevalence of venereal disease, the insanitary condition of the camps and the moral and physical disabilities of many of the half-caste families present interesting problems for solution. It is suggested that there should be a close co-operation between the State Children Relief Department and other departments under whose control coloured children are placed. Various amendments of the Aborigines' Protection Act are also suggested.

Infants.

The policy of the Board for dealing with infants consists in establishing special homes in which babies may be looked after by their own mothers. The system of the Foundling Hospital is condemned, lock, stock and barrel. Three special homes have been instituted, more particularly for women with illegitimate babies. The results obtained in these homes have been particularly satisfactory. The mothers usually conduct themselves well, can be induced to suckle their babies, and, in the course of time, develope a satisfactory degree of maternal interest. Later, situations are found for them, and they are enabled to take their infants with them. The effect on the infantile mortality of avoiding the separation of mother and infant is marked. In 1895 the illegitimate infantile mortality rate was 244.85. Four years later it had risen to 297.49. Since that date a gradual improvement has been achieved, and in 1914 it was 173.15. At the Hillside Home, in Randwick, 72 children were admitted during the year, and 68 discharged. There were 37 mothers admitted, and 18 expectant mothers; 33 mothers were discharged. No deaths occurred in the Home during the year. The number of children admitted to the Eastwood Home was 50, and the number of those discharged was the same. One infant died of congenital cardiac disease. Twenty-two mothers were admitted during the year and three expectant mothers. Twenty-five were discharged. There were 36 infants and 28 mothers admitted to the Cicada Home, Croydon, and 47 infants and 34 mothers were discharged. In addition, two expectant mothers were admitted.

The Board granted allowances to 2,290 widows and deserted wives towards the support of 6,612 children under the age of 14 years. The term "deserted wives" includes those actually deserted, those whose husbands were insane, in gaol, in an asylum or in a hospital. The rates paid per week for each child varied between 2s. and 5s. Assistance was accorded to 56 women with one child, 268 with two children, 165 with three, 139 with four, 63 with five, 22 with six, seven with seven, and one with eight children. The support was refused to 337 women, increased to 159 women, reduced to 362, continued at the same rate to 130, and discontinued in the case of 526 women.

The provisions of the Infant Protection Act, 1904, include means of control and supervision of children up to the age of seven years in private homes or religious establishments. The homes are divided into two classes, namely, those with accommodation for five or less, and those in which a larger number can be received. The former are usually private houses, while the latter are usually institutions maintained by public subscription. In addition, licenses are granted to private persons for the care of infants under

three years of age. The largest establishment for the reception of children up to the age of seven years is the Foundling Home at Waitara, in which there is room for 100. At the Infants' Home at Ashfield, 50 children are provided for. The Burnside Orphanages at Parramatta accommodates 75 and the Church of England Deaconess' Home at Marrickville has room for 45. Details of 17 of the homes are appended. It appears that on December 31, 1914, there were 12 infants at the Foundling Home at Waitara under 12 months of age, 15 between one and two years, 20 between two and three years, 13 between three and four years, and 11 between four and six years. One-third of the inmates of the Infants' Home at Ashfield were under 12 months of age.

The number of deaths in these two Homes was 20, of which 17 were of children at Waitara. Of this 17, 14 children were under one year of age. It appears as if all the infants who died during the year 1914 at Waitara were boarded out apart from their mothers. The total number of admissions was 95, of which 45 were of children without mothers. From the figures given, it would seem that 11 of the 45 children admitted without mothers died during the year. But we learn that at the end of the year only 12 out of 71 children were under one year of age, and that 14 children under this age had died in this institution. Unfortunately, the number of inmates of the Home at the beginning of the year is not given, and it is therefore impossible to ascertain from the report what the mortality of these boarded-out infants was. The ages of those admitted with mothers is not given.

Neglected Children and Juvenile Offenders.

An Industrial Schools Advisory Committee, consisting of the Superintendents of the institutions, the Special Magistrates of the Metropolitan Children's Court and the President of the Relief Board was formed. This Committee submitted a report dealing with the general principles which should govern the committal of children to institutions, and also with the details of these committals.

During the year ending April 5, 1915, the number of children brought before the Metropolitan Children's Court was 1,889. There were 1,691 boys and 198 girls. In 575 instances the charges were dismissed or withdrawn. The total, thus reduced to 1,314, may be further contracted by the deduction of 140 children who were fined for minor offences, such as stone-throwing and the like. There were 295 offenders committed to recognized institutions, 780 released on probation, 75 committed to the care of persons, 53 were boarded out at Ormond House, 35 were placed under the control of the State Children Relief Department, and eight were committed to Rescue Homes. This accounts for 1,246 of the 1,314 children convicted by the Magistrates. A full list of the offences with which the children were charged is given in several tables in the appendices. There were 374 charges of being "uncontrollable." In 201 cass the children were released on probation. Ten children were dismissed. The number of charges of being "neglected" was 336. In 193 instances the children were released on probation. In 16 cases the charge was dismissed. The subheading "vice and crime" appears 24 times in the case of children released and 12 times in the case of those committed. Twenty-nine children were charged with indecent assault, indecent behaviour, offensive behaviour or using indecent language. Stealing, breaking, entering, having stolen goods in possession and the like formed the basis for 461 charges. In 326 instances the children were released on probation, and in 30 the charge was dismissed. The other charges included, *inter alia*, breaches of traffic regulations and of park by-laws, riotous behaviour, trespass, breaking lamps, etc., and a group of offences of a playful nature.

Reference has already been made to the psychological investigations in connexion with these youthful offenders. It appears that 529 boys were examined by the Binet-Simon test for mental capacity at the Metropolitan Shelters for Boys. Of these, 249 were found to be below normal, 274 were normal and two were above normal. The 249 children of deficient mental capacity included one idiot, one feeble-minded child, one epileptic child and two children whose mental deterioration is attributed to a head trauma. In addition, physical defects were discovered in 240 children. In 100 there were "throat complaints," in 44 there were defects in the nose, in nine the defects were situated in the ears, in 20 in the eyes, and 67 needed circumcision. It is stated that these children were referred to hospitals for treatment. This practice is highly desirable, since the diagnosis would be controlled before treatment is applied. It is assumed that the parents of the delinquent children would only rarely be in a position to pay for the medical attendance required.

Street Trading.

During the year, 680 licences for street trading were granted to children. Forty licences were withdrawn on account of breaches of the regulations. Each child wears a distinctive badge, signifying that he is of school age. Several children were proceeded against for soliciting alms for pavement drawings. In all, 469 children under 14 years of age, and 211 children over 14 years of age were granted licences. In 643 cases the trade followed was newspaper hawking, in seven it was that of flower seller, and in 30 other articles were hawked.

Protection of Children.

The Children's Protection Act, 1892, aimed at the suppression of baby farming. It provides for the registration of infants up to the age of three years who are boarded out with foster-parents. The Presidents points out certain defects of the Act. The majority of the infants under supervision are illegitimate. No control is exercised over the legitimate children. The Lying-in Homes are supervised by the Officers of the Public Health Department. No control is undertaken of the homes before foster children are admitted. It appears that 140 so-called "foster homes" were registered during the year. The number of children registered was 1,648. Of these, 372 were discharged to their parents, 23 were placed under the control of State Relief board, and 220 were over three years of age, and, therefore, were not affected by the provisions of the Act under discussion. No less than 59 children died, *i.e.*, 3.58%. The causes of death included 47 instances of gastro-enteritis, and five of pneumonia.

The report contains a great mass of further information. Much of this has some indirect hygienic bearing, but cannot be dealt with in this place.

THE HEALTH OF BROKEN HILL.

Dr. J. F. Bartley, the Medical Officer of Broken Hill, has issued a short report on the health of the municipality during the quarter ending March 31, 1916. The population is estimated for the purpose at 28,000.

There were 252 births, which is equivalent to an annual birth-rate of 36 per 1,000 of population. The numbers in the corresponding quarter of 1912, 1913, 1914 and 1915 were 324, 248, 252 and 271 respectively.

There were 91 deaths in the quarter, which is equivalent to an annual death-rate of 13. This compares favourably with the death-rate of the corresponding quarter of 1915. Of the 91 deaths, 21 were of infants under one year of age. This figure, too, is lower than that for the first quarter of the five preceding years. The infantile mortality works out at 83.33 per 1,000 births.

The most common cause of death was gastro-intestinal diseases. There were 12 deaths from these causes, including nine in infants. Cancer caused ten deaths, nephritis seven, cardiac diseases, pulmonary tuberculosis and diphtheria five each, pneumonia four, enteric fever three and accidents three.

The incidence of enteric fever has been lower during the quarter than during the corresponding period in 1914 or 1915. The number of cases notified was 39. Diphtheria was notified 111 times, as compared with 123 times in the first quarter of 1915 and 91 in the first quarter of 1914. Scarlatina occurred nine times.

The Medical Officer complains of the absence of a public analyst. The delay in filling this important position has had serious effects on the control of the milk supply.

He also calls attention to the existence of serious defects in the method of disposal of night-soil. The presence of the sewerage farm in the centre of the town, near the gaol, is spoken of as a source of danger and as being highly objectionable.

THE HEALTH OF GLENORCHY.

The Medical Officer of Health of the Municipality of Glenorchy, Tasmania, has issued a short report covering the year 1915. He congratulates the community on the maintenaance of the health of the people, notwithstanding the fact that a considerable number of soldiers had passed through their training in the district.

The birth-rate worked out at 29 per 1000 of population, 62 male and 53 female infants having been born. The infantile deaths included four, which were ascribed to premature birth, and one, which was due to gastro-enteritis. Two other infants under one year of age died. If the prematurely born infants be excluded, the infantile death-rate works out at 27.02 per 1000 births. The general death-rate was 5 per 1000 if the four premature infants be excluded and 6 if they are included. One person died of pulmonary tuberculosis. This man was ill when he arrived in the district. Another death was due to epidemic cerebro-spinal meningitis. The source of infection in this case was not traced, and no other case of this infection was discovered. One child died of a throat affection, which may have been diphtheria. It died in the Hobart Hospital. This affection appears to have been present throughout the year, attacking a few individuals at intervals. We assume that the doubt as to its nature was due to the want of facilities for bacteriological investigations.

The Medical Officer of Health has every reason to be satisfied with the extraordinarily low mortality. He does not appear to be quite happy concerning the water supply, which suffered from the fact that the mains were not large enough to carry the requisite quantity of water to the inhabitants. Larger mains are, we understand, being laid. He is also exercised in his mind about the slovenly manner in which meat is carted to Hobart and elsewhere from the abattoirs. The responsibility for this defect is laid on the Hobart Council.

Dr. A. E. Finckh, who, during the past six years, has carried on pathological work in his laboratory exclusively in consultation with members of the medical profession, announces his intention to practise as a consultant. His laboratory work, so we are informed, will be continued as before, for those members of the profession who wish to avail themselves of his services.

Correspondence.

THE DESTRUCTION OF LICE, BUGS, AND OTHER INSECT PESTS, BY HYDROCYANIC ACID FUMIGATION.

Sir,—The report of the first meeting of the Anzac Medical Association published in your issue of April 22, 1916, contains the summary of a discussion on methods of dealing with *Pediculus vestimentorium*, the body-louse. Major Butler read a paper in which he outlined twelve methods of dealing with the pest, and others present at the meeting then contributed their knowledge to the debate. I was very greatly surprised to find that no mention was made of fumigation by hydrocyanic acid, the one method of dealing with insect pests, which stands out as well and thoroughly tested, efficacious, simple and easy of application, and now for a long time in constant and extensive practical use in Australian coasting steamers. I understand it is used also for the sleeping carriages on our railways. It is true that this method is employed to kill off bugs (and incidentally cockroaches) rather than pediculi, but the opinion of those who ought to know seems to be quite unanimous as to its success in killing off the former pests, and it is a fair inference that it should be also effective for lice. At all events it seems well worth trying, if it has not been tried before, especially as it is so easy to carry out if a suitable chamber can be obtained. A mere frame boarded over, or even walled with tarpaulins, would be enough for this. The cost would be from sixpence to one shilling per thousand cubic feet. The men who do this work know it as the "cyanide" process, and one of them gave me the following description of it, as used by him. For each thousand cubic feet of space he uses a separate generator, which consists of a common earthenware pot, into which is placed first a pint of water, then twelve ounces of strong sulphuric acid, and, lastly, six ounces of potassium cyanide, reduced to a powdered state. Before beginning, all openings except the exit door have been carefully closed up, and as soon as the cyanide is dropped in he runs out and shuts the door. The whole is then kept closed up for six hours, after which the doors are opened—of course from the outside—and a free current of fresh air is allowed to enter and ventilate the fumigated space, which soon becomes purified and fit to enter. Usually there is a series of generators, and the man starts dropping in the cyanide at the one furthest from the door. Pure hydrocyanic acid is a liquid which at ordinary room temperatures evaporates very quickly, so quickly that freezing is easily produced. It boils at 26.5° C. (about 80° F.). These physical properties account for the ease with which it is got rid of in a ventilating current of air. From a physical point of view it is an ideal fumigant.

There is another convenient method of generating hydrocyanic acid, which should be equally suitable for fumigation work. In this process one would mix for each thousand cubic feet of space 1 pint of water, 12 ounces of strong sulphuric acid, and 1 pound of coarsely powdered potassium ferrocyanide.

It should be thoroughly well understood that if foolish risks are taken by thoughtless or ignorant persons, who may be engaged in this class of work, there will be some very prompt deaths. It is hard to teach cautious habits in some people. For that reason it would be well for those in control to arrange that no mixing, and therefore no generation of the fumigant is done except by specially careful and intelligent men. It would be best so to arrange the ingredients that they could be made to mix after the man is out, and the door shut, by pulling a string from without the chamber, or by some other simple apparatus.

In connexion with hydrocyanic acid, I have been told that an excellent way of destroying ants is to pour into the ant-hill a solution of potassium cyanide. Ants, when disturbed, eject enough formic acid to react with some of the potassium cyanide, and the result is the production of enough hydrocyanic acid to destroy them.

Yours, etc.,
C. E. CORLETTE, M.D., D.P.H.

Sydney, April 26, 1916.

LOCUM TENENTES.

Sir,—I have recently been requiring the services of a locum tenens, and, on consulting a Melbourne agent, was told that those available (and they are few) are demanding £10 10s. per week for their services, and even more than this, I understand. I refused to pay the required amount and suffered accordingly. I would be glad if you would inform me what justification there is (if any) for such action on their part. Is it not unpatriotic?

Yours, etc.,
F. TIPPING, M.B., Ch.B.

Kaniva, Victoria,
April 27, 1916.

Obituary.

EDWARD WILKINSON DEANE.

The heavy hand of disease has reaped a full harvest in Egypt during the past months, mowing down the young and active, as well as the more mature and less resistent. The conditions in Egypt at the present time are trying for the healthy, but deadly for those whose powers of resistance are lowered by overwork, long-continued strain and indifferent health. These conditions have robbed the medical profession of another valuable member. Captain E. W. Deane, who has been in Egypt since the middle of 1915 working as surgeon in charge of a ward at the No. 1 Australian General Hospital at Heliopolis, was compelled by ill health to place himself under the care of his colleagues on March 1, 1916. His condition rapidly became alarming. He died on April 4, the cause being recorded as acute cystitis.

Edward Wilkinson Deane was a man of exceptionally fine character. Earnest and kind and diligent, he had

acquired great proficiency in his work and considerable dexterity and skill in the art of surgery. He came out from England at the age of 2 years, in 1874, and was educated in Adelaide. After a time he went to Victoria, and later matriculated at the Melbourne University. He gained numerous honours and exhibitions as well as the Beaney scholarship in surgery. In 1895 he took his degree of Bachelor of Medicine, and in the following year he obtained the equivalent degree in surgery. After graduating he served as Resident Medical Officer at the Melbourne Hospital and the Alfred Hospital. In 1897 he married Miss Wilcox, of Auburn, and in the following year settled in private practice at Carisbrook. After a few years he had the offer of a hospital appointment at the Maryborough District Hospital, which he accepted. He remained at Maryborough until June, 1915, when he volunteered for active service.

His death has created a void in the profession in the district where he practised, and it may be long before his patients and the community generally in Maryborough will find a man who is prepared to sacrifice himself in their interests as he did. He is mourned by a large number of friends, and wide-spread sympathy is being expressed with Mrs. Deane and her children.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xix.

Texas District Hospital, Queensland, Medical Officer.
Brisbane Hospital, Resident Medical Officer.
Bundarra District Hospital, Medical Officer.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
NEW SOUTH WALES. (Hon. Sec., 30-34 Elizabeth Street, Sydney.)	Department of Public Instruction—New Appointments as Medical Officer, Ophthalmic Surgeon, Ear, Nose and Throat Surgeon, Physician. Australian Natives' Association. Balmain United F.S. Dispensary. Canterbury United F.S. Dispensary. Goulburn F.S. Association. Leichhardt and Petersham Dispensary. M.U. Oddfellows' Med. Inst., Elizabeth Street, Sydney. Marrickville United F.S. Dispensary. N.S.W. Ambulance Association and Transport Brigade. North Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, Auburn, and Lidcombe. Newcastle Collieries — Killingworth, Seaham Nos. 1 and 2, West Wallsend.
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Brisbane United F.S. Institute. Croydon Hospital. Ladley Hospital, Medical Officer.
WESTERN AUSTRALIA. (Hon. Sec., 230 St. George's Terrace, Perth.)	Swan District Medical Officer. All Contract Practice Appointments in Western Australia.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	The F.S. Medical Assoc., Incorp., Adelaide.
NEW ZEALAND: WELLINGTON DIVISION. Hon. Sec., Wellington.)	F.S. Lodges, Wellington, N.Z.

Diary for the Month.

May 9.—N.S.W. Branch, B.M.A., Ethics Committee.
May 9.—Tas. Branch, B.M.A., Council and Branch.
May 11.—Vic. Branch, B.M.A., Council.
May 12.—N.S.W. Branch, B.M.A., Clinical Evening.
May 12.—South Aust. Branch, B.M.A., Council.
May 16.—N.S.W. Branch, B.M.A., Executive and Finance Committee.
May 17.—West Aust. Branch, B.M.A., General.
May 17.—Cent. West. Med. Assoc., at Campbelltown.
May 19.—Q. Branch, B.M.A., Council.
May 25.—South Aust. Branch, B.M.A., Branch.
May 26.—N.S.W. Branch, B.M.A., Branch.
May 30.—N.S.W. Branch, B.M.A., Medical Politics Committee, Organization and Science Committee.
May 31.—Vic. Branch, B.M.A., Council.

EDITORIAL NOTICES.

The following journals are missing from the Library of the Victorian Branch of the British Medical Association. The Librarians will be indebted to any member who will give or sell any or all of the numbers.

Lancet, October 3, 1914, and May 29, 1915.
Edinburgh Medical Journal, December, 1915.
Universal Medical Record, May, 1914, title page and index of Part I., 1914, January, 1915.
Annals of Surgery, May, 1909, April, August, October, 1911.
Glasgow Medical Journal, October, 1912.
Birmingham Medical Review, January, July, 1903, November, 1904, March, 1911, August, October and December, 1912, and title page and index, Parts I. and II., 1912, January and February, 1913, April, May and November, 1914, title page and index, Parts I. and II., 1914, January and April, 1915.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrury be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.